

MULTIPLE DEFENDANT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

107525402

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/	/				
3		/					53	/	/				
4		/					54	/	/				
5	/						55	/	/				
6		/					56	/					
7		/					57	/					
8		/					58	/					
9		/					59	/					
10		/					60	/					
11		/					61	/					
12		/					62	/					
13		/					63	/					
14		/					64	/					
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16		/					66	/					
17		/					67	/					
18		/					68	/					
19	/						69						
20	/						70	/					
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24	/						74						
25	/						75						
26	/						76						
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37	/						87						
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.	19						TOTAL IND.						
TOTAL DEP.	3						TOTAL DEP.						
TOTAL CLAIMS	22						TOTAL CLAIMS						